

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90017 035 \*\*\*\*61.25

<b>DOCUMENT #</b> N 0 4 0 0 0 0 0 2 8 6 7
<b>1. Entity Name</b> HAWTHORNE MEMORIAL AMERICAN LEGION POST 329 INC.

<b>Principal Place of Business</b> 606 HAWTHORNE BLVD. LEESBURG, FL 34748	<b>Mailing Address</b> 606 HAWTHORNE BLVD. LEESBURG, FL 34748
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
Zip	Country

**40000866**  
**(NO40000002867N)**

01042005 Chg-NP CR2E037 (10/03)

<b>4. FEI Number</b>	<b>Applied For</b> <input checked="" type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
LOVE, RICHARD H 606 HAWTHORNE BLVD. LEESBURG, FL 34748	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE RICHARD H. LOVE *Richard H. Love* 1-7-05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	Make a change to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVE, RICHARD H	NAME	
STREET ADDRESS	606 HAWTHORNE BLVD.	STREET ADDRESS	
CT ST ZIP	LEESBURG, FL 34748	CT ST ZIP	
TITLE	VD <input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUBIN, ROBERT	NAME	RICHARD MURRAY
STREET ADDRESS	109 ASPEN CIR.	STREET ADDRESS	200 JACARANDA DRIVE
CT ST ZIP	LEESBURG, FL 34748	CT ST ZIP	LEESBURG, FL 34748
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARCOUETTE, ART	NAME	
STREET ADDRESS	198 AZALEA TRAIL	STREET ADDRESS	
CT ST ZIP	LEESBURG, FL 34748	CT ST ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAWCZYK, ELVIN	NAME	
STREET ADDRESS	171 AZALEA TRAIL	STREET ADDRESS	
CT ST ZIP	LEESBURG, FL 34748	CT ST ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURT, CHARLES N	NAME	
STREET ADDRESS	186 JACARANDA DR.	STREET ADDRESS	
CT ST ZIP	LEESBURG, FL 34748	CT ST ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUALANDI, MICHAEL	NAME	
STREET ADDRESS	105 WILLOW LANE	STREET ADDRESS	
CT ST ZIP	LEESBURG, FL 34748	CT ST ZIP	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

SIGNATURE: RICHARD H. LOVE *Richard H. Love* 1-7-05 352-314-3420  
Signature and typed or printed name of signing officer or director Date Daytime Phone #